

- ~~(2) BENEFIT EXCLUSIONS;~~
- ~~(3) BENEFIT LIMITATIONS;~~
- ~~(4) DEDUCTIBLES; AND~~
- ~~(5) COPAYMENTS.~~

~~(B) THE BOARD MAY ADOPT THE COMPREHENSIVE STANDARD HEALTH BENEFIT PLAN ESTABLISHED UNDER § 15 1207 OF THIS ARTICLE AS THE UNIFORM SET OF BENEFITS TO BE OFFERED BY THE FUND.~~

~~(C) IN ESTABLISHING A UNIFORM SET OF BENEFITS UNDER SUBSECTION (A) OF THIS SECTION, THE BOARD MAY EXCLUDE:~~

~~(1) A HEALTH CARE SERVICE, BENEFIT, COVERAGE, OR REIMBURSEMENT FOR COVERED HEALTH CARE SERVICES THAT IS REQUIRED UNDER THIS ARTICLE OR THE HEALTH GENERAL ARTICLE TO BE PROVIDED OR OFFERED IN A HEALTH BENEFIT PLAN THAT IS ISSUED OR DELIVERED IN THE STATE BY A CARRIER; OR~~

~~(2) REIMBURSEMENT REQUIRED BY STATUTE, BY A HEALTH BENEFIT PLAN FOR A SERVICE WHEN THAT SERVICE IS PERFORMED BY A HEALTH CARE PROVIDER WHO IS LICENSED UNDER THE HEALTH OCCUPATIONS ARTICLE AND WHOSE SCOPE OF PRACTICE INCLUDES THAT SERVICE.~~

~~14 517.~~

~~(A) EXCEPT AS PROVIDED IN SUBSECTION (B) OF THIS SECTION, FUND COVERAGE SHALL EXCLUDE CHARGES OR EXPENSES INCURRED DURING THE FIRST 6 MONTHS FOLLOWING THE EFFECTIVE DATE OF COVERAGE AS TO ANY CONDITION FOR WHICH MEDICAL ADVICE, CARE, OR TREATMENT WAS RECOMMENDED OR RECEIVED DURING THE 6 MONTH PERIOD IMMEDIATELY PRECEDING THE EFFECTIVE DATE OF COVERAGE.~~

~~(B) THE PREEXISTING CONDITION EXCLUSION UNDER SUBSECTION (A) OF THIS SECTION MAY NOT BE IMPOSED ON A FUND ENROLLEE WHO SATISFIES THE DEFINITION OF ELIGIBLE INDIVIDUAL UNDER § 15 1201 OF THIS ARTICLE.~~

~~14 518.~~

~~(A) THE FUND MAY ANNUALLY ASSESS EACH CARRIER FOR LOSSES INCURRED BY THE FUND.~~

~~(B) AT THE END OF EACH FISCAL YEAR, THE FUND SHALL DETERMINE THE FOLLOWING, TAKING INTO ACCOUNT INVESTMENT INCOME AND OTHER APPROPRIATE GAINS AND LOSSES:~~

- ~~(1) NET PREMIUMS;~~
- ~~(2) ADMINISTRATIVE EXPENSES; AND~~
- ~~(3) INCURRED LOSSES.~~